Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) AMERICANS FOR LEGISLATING EXCELLENCE PAC PO BOX 1863 ADDRESS (number and street) (Check if address is changed) MARTINSBURG 25402 WV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COOPER.L.STEPHANIE@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address ALEXPAC@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00641142 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. ONOSZKO, PETER, , , Type or Print Name of Treasurer ONOSZKO, PETER, , , [Electronically Filed] 05 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		OMMITTEE				
	naidate	didate Committee:  This committee is a principal campaign committee. (Complete the candidate information below.)				
(a)						
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	ne of ididate					
	didate ty Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	rty Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	Tal.	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party				
(f) This committee supports/opposes more than one Federal ca committee. (i.e., nonconnected committee)			gregated fulld of party			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name									
AMERICANS FOR LEGISLATING EXCELLENCE PAC									
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor									
ALEXANDER XAVIER	R MOONEY								
Mailing Address	188 HUNTFIELD LANE								
	CHARLES TOWN CITY	WV 25402 L STATE	ZIP CODE						
Relationship: Connected	d Organization Affiliated Committee Joint Fundraisin	g Representative x L	eadership PAC Sponsor						
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>									
Full Name  COOPER,  Full Name  Mailing Address	STEPHANIE, , , , PO BOX 1863								
	MARTINSBURG	WV 25402							
Title or Position	CITY	STATE	ZIP CODE						
ASSISTANT TREASURER		mber 304 - [	702 5009						
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the r	name and address of						
Full Name ONOSZKO	), PETER, , ,								
Mailing Address	PO BOX 1863								
Title or Position	MARTINSBURG	WV 25402 STATE	ZIP CODE						
Title or Position		304	702 5000						

Telephone number

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Full Name of Designated Agent COOF	Designated COOPER, STEPHANIE, , ,						
Mailing Address	PO BOX 1863						
	MARTINSBURG	WV 2544 STATE	ZIP CODE				
Title or Position ASSISTANT TREASUR	RER	Telephone number 304 -	-   702   -   5009				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  BANK OF CHARLES TOWN							
Mailing Address	111 EAST WASHINGTON STREET						
	CHARLES TOWN	WV   254	14				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY	STATE	ZIP CODE				